

Date: December 19, 2012

Growth Hormone and Mecasermin Review

Growth Hormone

- Multiple FDA approved GH products
 - Are they identical, can one be used to treat all approved indications?



















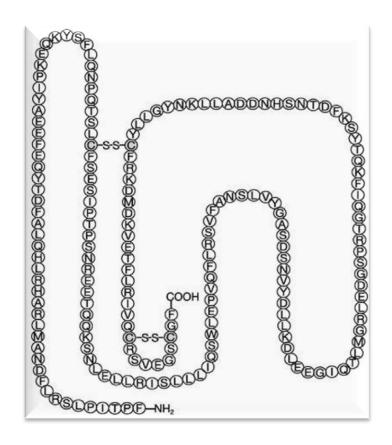
Background

GH therapy Prior to 1985

- Obtained from cadaver pituitaries
- Available in limited quantities

1985

- Contaminates likely the cause of death in three young men
 - Prions→ → Creutzfeldt-Jakob
 - Likely the cause of Creutzfeldt-Jakob disease in more than 50 patients since 1985
- Availability of biosynthetic recombinant human GH
 - Somatropin
 - Amino acid sequence identical to GH of pituitary origin
 - Unlimited supply compared to cadaveric GH



Physiological Effects and Benefits of GH Therapy

- Linear Growth
 - Stimulates hepatic production of IGF1
- Anabolic and lipolytic effects
 - Lipolysis
 - Protein synthesis
 - Increased lean body mass
 - loss of visceral adipose tissue
- Cardiac function
 - ↑LV mass, LVEDV, SV

- Bone turnover
 - Increasing bone density
- Insulin antagonism
- Improved mood/motivation and QOL
- Enhanced exercise capacity



Growth Hormone - Indications

BRAND	Growth Hormone Deficiency	Growth Hormone Deficiency (Adults)	Growth Failure-Renal Failure	HIV Wasting (Adults and Peds)	HIV Fat Mal-distribution (Adults)	Idiopathic Short Stature	Prader-Willi	Short Bowel (Adults)	Turner	Small for Gestational Age	Noonan	Short Stature - SHOX
GENOTROPIN	X	X				X	Х		X	X		
HUMATROPE	X	X				Х			Χ	Х		Х
NORDITROPIN	Х	X							X	X	Х	
NUTROPIN	X	X	X			X			X			
OMNITROPE	Х	X				Х	Х		X	Х		
SAIZEN	X	X										
SEROSTIM				Х								
TEV-TROPIN	X											
ZORBTIVE								X				

X = FDA approved use

Clinical Guideline Review: Children

Diagnosis

- Height, height velocity
- Bone age
- GH levels/stimulation testing
- IGF-1/IGFBP3 levels
- Genetic testing
- Intracranial Lesion
- Multiple pituitary hormone deficiencies
- FDA Approved Indications
- Dosing
 - 0.175-0.35 mg/kg/wk

Contraindications

- Active malignancy, or less than one year after treatment
- Diabetic retinopathy

Monitoring

 Height velocity, linear growth, HbA1c, IGF-1, T₄, TSH

Discontinuation

- Completion of growth
 - Final height or epiphyseal closure
- No growth increase x 1 year



GH Clinical Guideline Review: Adults

Diagnosis

- 2 GH stimulation tests, and IGF1 levels,
 - continuation therapy
- Hypothalamic-pituitary structural lesions
- Panhypopituitarism
- Traumatic brain injury and aneurysmal subarachnoid hemorrhage
- FDA approved indications only
 - No Evidence to suggest treatment of aging or sports enhancement
- Dosing
 - 0.1 0.5 mg/day

Contraindications

Active Malignancy

Monitoring

■ IGF, HbA1c, BMI, waist circumference, waist to hip ratio, fasting lipid panel, T4, cosyntropin stimulation test, estrogen, QOL assessment every 6 to 12 months.

Discontinuations

- No established length of therapy
 - Indefinitely
- Discontinue after 2 years if no benefits experienced

Safety Issues

Contraindications

- active malignancy
- active proliferative, preproliferative, or severe nonproliferative diabetic retinopathy

Metabolic complications

- Hyperglycemia, hypothyroidism
- Increase incidence of type 2 DM in GH-treated adults and children
- Body fluid retention, peripheral edema
- Intracranial hypertension
- Arthralgia, myalgia, headache
- Carpal tunnel syndrome, paresthesias, and hypoesthesia
- slipped capital femoral epiphysis in children
- Pancreatitis

Pipeline...

Long-Acting Growth Hormone

Once weekly dosing

Novo Nordisk

- Pegylated
- Currently in Phase I and II trials for both adults and children

LGLS and Biopartners

- Sustained release formulation
- Positive Phase III data in both adults and children

Mecasermin (Increlex)

- Recombinant human insulinlike growth factor-1 (IGF1)
- Mediates anabolic and growthpromoting effects of GH
 - Stimulates the uptake of glucose, lipids and protein to support growing tissues.
- Indications
 - Severe primary insulin-like growth factor deficiency (Primary IGFD)
 - Patients with growth hormone gene deletion who develop neutralizing antibodies to growth hormone

- Dosing
 - ≥ 2 years: 0.12 mg/kg SC bid
- Side Effects
 - Hypoglycemia
 - Administer within 20 minutes before or after eating
- Contraindications
 - Suspected or active neoplastic Disease
- Has not been studied in adults over 22 years of age.
 - Average age of study subjects:
 - 6.7 ± 3.8 years

Questions?

